



YOUTH WITH DISABILITIES RISK FACTORS FOR ALCOHOL, TOBACCO AND DRUG USE

DATA MONOGRAPH

Washington State

Washington State Department of Health, Office of Maternal and Child Health, October 2008

BACKGROUND:

In Washington State, an estimated 23 percent of 10th grade youth have a physical, emotional, or learning disability.¹ Alcohol, tobacco, and other drug use can negatively impact a youth's physical, emotional, and social development, relationships with families and friends, and satisfactory progress in school. Several studies have found that youth with disabilities are more likely than those without disabilities to be at risk for substance use such as cigarette smoking, using illicit drugs and drinking alcohol.^{i, ii, iii, iv, v, vi} The primary purpose of this data monograph is to present Washington State data on substance use behaviors for youth with disabilities.

METHODS:

Healthy Youth Survey and Youth Disability Screener

Washington's Healthy Youth Survey (HYS) is a statewide survey of youth attitudes and health behaviors. Public schools administer the survey every two years in grades 6, 8, 10, and 12. Although any school can participate in the survey, a random sample of public schools generates statewide data. HYS provides important information about adolescents in Washington. County drug and alcohol prevention coordinators, community mobilization coalitions, community public health and safety networks, and others use this information to guide policies and programs that serve youth.

"Rather than being isolated from behaviors that predispose to health risks, youth with emotional disabilities, learning disabilities, and mobility impairments are more likely to have experienced health risks than peers."
– Blum et al

The Youth Disability Screener used in the Healthy Youth Survey 2004 administration (for grades 8, 10, 12) is a 4-item measure based on self-reported disability status developed by the Seattle Quality of Life Group at the University of Washington.

Youth were classified as having a disability if they answered "Yes" to any of the following questions:

- ◆ Do you have any physical disabilities or long-term health problems lasting or expected to last 6 months or more?
- ◆ Do you have any long-term emotional problems or learning disabilities lasting or expected to last 6 months or more?
- ◆ Would other people consider you to have a disability or long-term health problem including physical health, emotional, or learning problems?
- ◆ Are you limited in any activities because of a disability or long-term health problem including physical health, emotional, or learning problems expected to last 6 months or more?

¹ Source: Washington State 2004 Healthy Youth Survey (HYS). The HYS is a collaborative effort between the Department of Health, the Office of the Superintendent of Public Instruction, the Department of Social and Health Service's Division of Alcohol and Substance Abuse, the Department of Community Trade and Economic Development, and the Governor's Family Policy Council.

DATA:**Youth with Disabilities:
Risk Factors for
Substance Use**

In 2004, about 18 percent (± 1 percent) of 8th graders, 23 percent (± 2 percent) of 10th graders, and 23 percent (± 1 percent) of 12th graders were classified as having a disability using the Youth Disability screener. Results from Grade 10 are presented below.²

Compared to 10th grade youth without disabilities, Washington 10th graders with disabilities are more likely to use tobacco, be current smokers or drinkers, binge drink, or use illicit drugs. For example, 21 percent of 10th graders with disabilities reported smoking cigarettes in the past 30 days compared to 10 percent of 10th graders with no disabilities. Similar results were found for 8th and 12th graders.

**Comparison of Youth with Disabilities to Youth Without Disabilities, 10th Grade
Washington State Healthy Youth Survey Data 2004 (N = 3,799)**

	Disability (n = 891)		No Disability (n = 2,908)	
	95% CI		%	95% CI
Ever Used				
Ever smoked a whole cigarette*	39	(36 , 42)	25	(23 , 28)
Ever had more than sip of alcohol*	73	(70 , 76)	60	(57 , 62)
Ever smoked marijuana*	38	(35 , 42)	27	(25 , 30)
Current Substance Use (past 30 days)				
Current cigarette use*	21	(18 , 24)	10	(9 , 12)
Current alcohol use*	43	(40 , 47)	32	(30 , 34)
Current Marijuana Use*	23	(21 , 27)	15	(14 , 17)
Current methamphetamine use*	5	(4 , 7)	2	(1 , 2)
Current ecstasy Use*	5	(4 , 7)	1	(1 , 2)
Current illicit drug use (including marijuana)*	26	(23 , 29)	16	(14 , 18)
Current chewing tobacco use*	6	(5 , 8)	3	(3 , 4)
Current any alcohol, cigarette, illicit drug use*	50	(46 , 54)	36	(34 , 38)
Other				
Binge drinking (5 or more drinks in a row in the past two weeks)*	25	22 , 28	18	16 , 20

Source: Health Youth Survey 2004

**Statistically significant difference ($p \leq 0.05$) based on Mantel-Haenszel chi-square test after adjusting for gender, race, mother's education, and rural-urban residence*

² Because results for 8th grade students may be affected by variations in school environment (8th graders can be in a middle school or junior high) and the potential for high risk students to have dropped out before entering 12th grade we chose to limit the results presented here to 10th grade students

ACTIVITIES:

Youth Programs

By understanding the unique needs of youth with special needs and disabilities, substance use prevention planning efforts can identify resources and educational approaches that are accessible, culturally and developmentally appropriate, and family-centered. Family-centered approaches recognize the unique partnership roles that youth, parents, and professionals play in improving outcomes for youth with disabilities.

While the Department of Health (DOH) does not specifically target substance use prevention for youth with disabilities, there are some DOH programs that address substance use prevention or youth development for all youth.

Department of Health- Select Programs:

Tobacco Prevention Program (Select Youth Programs):

- ◆ The Tobacco Prevention and Control Program implements a school-based tobacco prevention program based on the Centers for Disease Control and Prevention's Guidelines for School Health Programs. The program, which is a research-based, anti-tobacco curriculum, includes: training teachers and staff to implement curricula, developing, strengthening, and enforcing tobacco-free school policies, and providing support to quit programs for students who use tobacco, involving parents, families, students, staff, local government, and other community members in the school's anti-tobacco program efforts.
- ◆ The Tobacco Prevention and Control Program and its partner organizations support youth efforts to counter tobacco industry advertising, change attitudes in their community about tobacco, and prevent tobacco use among other young people. To increase the number of high school-aged youth who are trained and taking action against tobacco use, the Tobacco Program; encourages the formation of local tobacco prevention programs and supports youth anti-tobacco action groups, helps existing local youth anti-tobacco groups recruit new members, and provides training, skill development, and networking opportunities for youth and their adult advisors.
- ◆ The Tobacco Prevention and Control Program educates kids about the dangers of tobacco use. The campaign reaches kids with messages on television, radio, the Internet, and in non-traditional venues, such as malls, recreation centers and movie theaters.

Children with Special Health Care Needs Program

- ◆ **Adolescent Health Transition Project:** The Children with Special Health Care Needs Program contracts with the University of Washington Center for Human Development and Disability and the Adolescent Health Transition Project to provide education and information through a variety of media and forums on health and life transitions for youth with special needs. The focus is on assisting parents, youth, and medical providers with the necessary tools and resources needed to improve their transition to all aspects of adult life.
- ◆ **Parent to Parent:** The Children with Special Health Care Needs

ACTIVITIES:

Youth Programs, cont.

Program contracts with and supports a number of organizations that provide information and support to families of children and youth with special health care needs. Parent to Parent services includes Person Centered Planning for youth with disabilities to assist them to transition to school and adulthood, as well as referrals to many other programs and services.

Division of Alcohol and Substance Abuse, Department of Social and Health Services Select Programs

Select Division of Alcohol and Substance Abuse programs targeting youth substance abuse prevention identified as effective interventions include:

- ◆ **Reducing Underage Drinking (RUaD):** The goal of this program is to prevent or reduce the consumption of alcohol by minors, especially through increased enforcement of underage drinking laws. Funds received from the Office of juvenile Justice and Delinquency Prevention (OJJDP) since 1998 have supported public education efforts (see <http://www.starttalkingnow.org/>), Liquor Control Board enhancements, a RUaD track and/or workshops at the State Prevention Summit, youth leadership activities, and community-based coalitions. Most recently, nearly one hundred communities held town hall forums to address underage drinking issues. Additional OJJDP funds support the efforts of four rural communities as they implement comprehensive approaches to the problem of underage drinking, with an emphasis on increasing law enforcement activity and other environmental strategies. The Coalition includes 24 state agencies and statewide organizations, including, the Washington State Liquor Control Board, Washington State Patrol, the Attorney General's office, the department of Health, the College Coalition for Substance Abuse Prevention and others.
- ◆ **Strengthening Families Program:** The Strengthening Families Program is for families whose kids are ages 10-14. The seven-session program includes both parents and children, with half of each session separate, and half together. The goal of Strengthening Families is to promote parent-child bonding, effective family functioning, and strengthened defenses against negative peer influences. Research has shown that youth participants in the program who were followed for four years were less likely to begin using alcohol, experience drunkenness and experiment with marijuana. Strengthening Families is delivered in diverse communities across the state, including a Spanish language version, and increasingly in Native American Communities. Several state agencies are partnering with WSU to study the success of the program in its many settings.^{vii}
- ◆ **Life Skills Training:** The Life Skills Training Program is school-based and is designed to help students learn to think critically, make independent decisions, resist media pressures, manage common adolescent anxieties, as well as communicate effectively with parents, friends and authority figures. National studies indicate this program is effective in reducing alcohol use. Schools across the state use this program especially with programs that serve special education students.^{vii}

RESOURCES:

- ♦ **National Youth Leadership Network:** The National Youth Leadership Network is dedicated to advancing the next generation of disability leaders. It promotes leadership development, education, employment, independent living, and health and wellness among young leaders; fosters the inclusion of young leaders with disabilities into all aspects of society at national, state and local levels; communicates about issues important to youth with disabilities and the policies and practices. Information is available at: www.nyln.org
- ♦ **Kids As Self-Advocates:** Kids as Self Advocates is a national, grassroots network of youth with special needs and our friends, speaking on behalf of ourselves. We are leaders in our communities, and we help spread helpful, positive information among our peers to increase knowledge around various issues. Information is available at www.fvkasa.org
- ♦ **Healthy and Ready to Work:** Success in the classroom, within the community, and on the job requires that young people with special health care needs stay healthy. To stay healthy, young people need an understanding of their health and to participate in their health care decisions. The program provides information and connections to health and transition expertise nationwide – from those in the know, doing the work and living it! Information is available at: www.hrtw.org

Tobacco Websites of Interest:

NoStankYou.com Washington's tobacco prevention Web site for youth: www.nostankyou.com

Campaign for Tobacco Free Kids A comprehensive site describing tobacco industry targeting of youth:
<http://www.tobaccofreekids.org/index.php>

Tips for Kids The Centers for Disease Control's tobacco prevention for youth Web site:
<http://www.cdc.gov/tobacco/youth/index.htm>

American Cancer Society -- Speak Out! Youth Initiative:
http://www.cancer.org/docroot/COM/content/div_Northwest/COM_4_5_Speak_Out_13652.asp?sitearea=COM

American Lung Association of Washington -- Teens Against Tobacco Use:
http://www.alaw.org/tobacco_control/youth_prevention

Links to external resources are provided as a public service and do not imply endorsement by the Washington State Department of Health. All links were correct at time of publication.

Additional Websites of Interest:

Healthy Youth Survey: <https://fortress.wa.gov/doh/hys/>

Division of Alcohol and Substance Abuse, Department of Social and Health Services:
<http://www1.dshs.wa.gov/dasa/default.shtml>

Adolescent Health Transition Project: <http://depts.washington.edu/healthtr/>

Genetics: <http://www.doh.wa.gov/cfh/mch/Genetics/default.htm>

Parent to Parent: http://www.arcwa.org/parent_to_parent.htm

Youth Disability Screener: <http://depts.washington.edu/yqol/instruments/YDS.htm>

National Council on Disability: The Youth Advisory Committee:
<http://www.ncd.gov/newsroom/advisory/youth/youth.htm>

National Youth Advocacy Association: <http://www.nyacyouth.org/>

Center for Children with Special Needs: <http://www.cshcn.org/resources/resources.cfm>

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References

ⁱ Beitchman J, Wilson, B, Douglas L, Young A, Adlaf E. Substance use disorders in young adults with and without LD: predictive and concurrent relationships. *J Learn Disabil.* 2001 Jul-Aug;34(4):317-32.

ⁱⁱ Blum R, Kelly A, Ireland M. Health-Risk Behaviors and Protective Factors Among Adolescents With Mobility Impairments and Learning and Emotional Disabilities. *J Adol Health* 2001;28:481–490..

ⁱⁱⁱ Gilson S, Chilcoat H, Stapleton J. Illicit Drug Use by Persons with Disabilities: Insight from the National Household Survey on Drug Abuse. *Public Health Briefs. Am J Public Health.* 1998 Jan;88(1):134.

^{iv} Hogan A, McLellan L, Bauman A. Health promotion needs of young people with disabilities--a population study: *Disabil Rehabil.* 2000 May 20;22(8):352-7.

^v Hollar D, Moore D. Relationship of substance use by students with disabilities to long-term educational, employment, and social outcomes. *Subst Use Misuse.* 2004 May;39(6):931-62.

^{vi} Horner-Johnson W., PhD1, Charles E. Drum, JD, PhD1, Abdullah N., and Morrell B, MPH2 The 131st Annual Meeting (November 15-19, 2003) of APHA Abstract #62344 Youth Risk Behavior Survey: Health risks among Oregon high school students with disabilities.

^{vii} Department of Social and Health Services, Division of Alcohol and Substance Abuse. Accessed 9/08: <http://www.dshs.wa.gov/pdf/hrsa/dasa/ResearchFactSheets/RBPTPGI404b.pdf>